



# CORRECT SITE SURGERY/PROCEDURES

## SUCCESSFUL PRACTICES IN GEORGIA

### SURGICAL OR PROCEDURE SITE MARKING

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| <b>Essential Elements for Policies and Procedures for Marking the Surgical or Procedure Site</b> | <b>Rationale:</b> Site marking, with patient involvement, prior to beginning a procedure provides a clear picture for the surgeon and team of the correct site, side, or level of the intended surgery. |
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Organization policies and procedures for site marking should include at least the following elements:

1. Require marking the site of the surgical procedure for any procedure that involves laterality, multiple structures, or multiple levels.
  - The requirement for marking, method of marking and type of mark to be used should be consistent throughout the organization.
2. Require the Involvement of the patient in the marking process, if the patient is capable of participating.

Suggestions:

- Require confirmation with the patient prior to marking the site their name, the procedure to be performed, and the site. Require that after asking the patient, the person performing the site marking check the documentation accompanying the patient (pre-op forms, consent forms, etc.) to verify the information given by the patient.
- Substitute participation of family members/caregivers who are accompanying the patient, if the patient is unable to be involved or is a child.
- For pediatric patients, use a doll to involve the child in the marking process, and mark the site on the doll as well as the child.
- If the patient cannot participate in site marking, and there is no other caregiver accompanying the patient, be specific about which documents should be consulted prior to the marking of the site.
- It is not recommended that the patient themselves mark the site.

3. Specify, by title, the staff member responsible for marking the surgical site.

Suggestions:

- Designate the surgeon or person performing the procedure as the one responsible for marking the site
- Specify whether the surgeon or person performing the procedure can designate someone else to mark the site, and who that individual may be
- If the surgeon does not mark the site prior to surgery, require that they confirm that the site mark is correct prior to the “time out”.

4. Require that the site be marked prior to transferring the patient to the operating



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room bed or procedure room.

#### Suggestions:

- Include in your procedures that the surgery/procedure should not proceed until the site is marked

5. Specify allowable marking tools to be used so that the mark remains visible following surgical preparation and draping.

#### Suggestions:

- Mark the site using an indelible, hypoallergenic, latex-free marking pen
- Use a marker that is sufficiently permanent to remain visible after completion of skin prep. For example, many hospitals use “Sharpies”
- One hospital includes the pen with the patient’s admission packet and keeps it on the chart until the site is marked
- Stickers, tattoos, etc. may be used in conjunction with a permanent mark. They should not be used as the sole means of marking the site.
- As new products come on the market, test prior to use.
- To make sure that the mark is visible after draping, ask the OR nurse to assist in marking or explain how the site will be draped.



Marking the site on a premature infant can result in a permanent tattoo, and therefore is not recommended.



Remarking the site following surgical prep or draping is not recommended. If staff does remark the site following surgical prep or draping, make sure that they check the paperwork to verify the correct site and procedure.

6. Specify allowable marking methods and require that the mark be unambiguous such as the word “yes” or the clinician’s initials.

#### Suggestions:

- Include in the procedures that if the patient’s cast or dressing is marked prior to procedure, the site is to be remarked following removal of the cast/dressing in the OR or procedure room.
- Have radiologic films/results posted as well by the medical staff or their designee. Individuals not trained to read films, i.e. nurses, should not post films.
- If initials are used to site mark and the clinician’s initials are NO, specify that their discipline’s abbreviation (i.e. MD or RN) be written after their initials.
- If the site cannot be marked due to wound drainage or other causes, mark the skin either proximal or distal to the site.
- Use forms with anatomical drawings when sites cannot be marked as for



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dental procedures or burn cases.

7. Specify that only the operative or procedure site is to be marked; do not make a mark on a site NOT involved with the procedure.
8. Specify if there is more than one operative/procedure site, the mark is to be put at each site along with any additional details specified by the organization, i.e. the surgeon's initials.

#### Suggestions:

- If sequential surgeries are planned at different times, remove the mark following each surgery
9. Require documentation in the chart when a patient's refuses to allow site marking.
    - Empower the patient to make an informed decision by providing information on the importance of site marking to prevent devastating errors. Include the implications of refusing the site marking.
    - If forms are used for site marking as for burn cases – use a form to mark the site, verify with the chart, and review during the time out and place in the patient's chart.
  10. Specify the procedure to be followed to confirm the site when a patient refuses site marking.

#### Suggestions:

- Have the clinician or pre-procedure personnel verify the site with the paperwork and document on the operative checklist and have another licensed staff person confirm/witness the verification process and sign the procedure/surgical verification checklist.
- Place an alert on the chart accompanying the patient into the procedure to inform OR/procedure team that the patient refused site marking so that there is verification of the site to the paperwork during the time out

These strategies are a compilation of certain methods or procedures that were found to be effective when implemented by some hospitals. They may incorporate certain standards of accrediting agencies such as JCAHO but are not intended to establish a legal standard of care. A hospital may wish to consult with their own attorney to determine if there are any additional criteria that they should consider in order to comply with applicable federal and state laws.